

Woodland Drive Medical Centre

Inspection report

Woodland Drive
Barnsley
S70 6QW
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Date of inspection visit: 16 and 25 May 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Woodland Drive Medical Centre on 16th and 25th May 2022. Overall, the practice is rated as Requires Improvement.

Ratings for the key questions inspected are:

Safe – Requires Improvement

Effective – Requires Improvement

Responsive – Inspected not rated. (The data and evidence we reviewed in relation to the responsive key question did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as good.)

Well-led – Requires Improvement

We did not inspect the caring key question as part of this inspection so caring remains rated as good.

We last inspected the practice on 26 May 2021, to follow up on concerns we received about the service. This was undertaken using a pilot methodology for a remote GP focused inspection and therefore we could not rate or amend ratings for the practice at this time. However, we did identify a breach of regulations relating to governance. The practice had previously been rated as good following an inspection in February 2016.

The full reports for previous inspections can be found by selecting the 'all reports' link for Woodland Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- A breach of regulations and recommendations identified in the previous inspection
- We reviewed the key questions safe, effective and well led.
- Additionally, we reviewed access arrangements in the responsive domain and the rating for this area has been carried forward from the previous inspection.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

- This included:
- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider

Overall summary

- A site visit

Our findings

- We based our judgement of the quality of care at this service on a combination of:
- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement

We found that:

- Some improvements had been made since our last inspection for example, in the management of high-risk medicines. However, other areas had not been fully addressed for example, processes to manage risk and we identified gaps in additional areas such as recruitment.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients could access care and treatment in a timely way.
- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse. The practice had not always implemented systems and processes in areas such as recruitment, training and fire safety systems to keep people safe and safeguarded from abuse.
- The practice did not have adequate systems for the appropriate and safe use of medicines.
- Patients mostly received effective care and treatment that met their needs. However, the practice had not effectively monitored care and treatment of some patients with long term conditions.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The overall governance arrangements were not always effective, and the practice did not have clear and effective processes for managing risks.
- There was limited evidence of systems and processes for learning, continuous improvement and innovation.

We found three breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and ensure specified information is available regarding each person employed.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties

The provider **should**:

- Review and improve management and disposal of sharps bins and expired single use equipment stock.
- Consider provision of a second thermometer in the fridges used to store medicines.
- Review and improve the whistleblowing policy and procedure with the contact details of the Freedom to Speak up Guardian.
- Review and improve engagement with the patient participation group.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Woodland Drive Medical Centre

Woodland Drive Medical Centre is in Barnsley at:

Woodland Drive,

Barnsley,

South Yorkshire,

S70 6QW.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice offers services from the main practice location only and operates from 8am to 6pm every weekday.

The practice is situated within the Barnsley Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of 5,103. This is part of a contract held with NHS England.

The practice is part of the Penistone Primary Care Network (PCN), which consists of six member practices with a total patient population of approximately 56,000.

The practice deprivation ranking is four out of ten. The lower the number or ranking, the more deprived the practice population is relative to others.

According to the latest data available, the ethnic make-up of the practice area is 96% White, 1.7% Asian, 1.1% Black, 0.8% Mixed and 0.4% Other.

The provider is the lead GP and a regular team of locums provide cover at the practice. The practice has one nurse practitioner, one nurse and one healthcare assistant who provide nurse-led clinics. The GPs are supported at the practice by a team of reception and administration staff. The practice manager provides managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

Extended access is provided locally by Barnsley Healthcare Federation, where late evening appointments are available. Out of hours services are provided by NHS 111.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Treatment of disease, disorder or injury	<p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Policies and procedures had not been fully implemented for recruitment, management of blank prescriptions and incident reporting.• Risk assessment processes were not up to date or fully embedded for fire safety and systems and processes to ensure fire safety were not adequately managed.• Risk assessment processes were not fully embedded for the management of legionella.• Emergency medicines provision and storage and equipment provision had not been risk assessed. Not all the recommended items had been provided and emergency medicines were not held in tamper evident storage.• There was a lack of management oversight of staff training.• Patient group directions (PGD) had not been correctly completed by the authoriser to ensure staff had the appropriate authorisations to administer medicines.

Requirement notices

- Inhaler use was not always being adequately monitored to ensure that patients with Asthma condition was well controlled. and improved monitoring of patients with a thyroid condition was required.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA (RA) Regulations 2014 Recruitment

Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons

How the regulation was not being met:

The registered person's recruitment procedures did not ensure that only persons of good character were employed. And

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

- Disclosure and Barring Service (DBS) checks were not carried out routinely for non-clinical staff even where they provided chaperone services. A risk assessment had not been completed to support this decision and the practice recruitment policy did not include the process or criteria for DBS checks.
- Satisfactory evidence of conduct in previous employment was not always obtained prior to employment. No references were obtained for locum clinical staff and references had been obtained some weeks after employment for other staff.

This section is primarily information for the provider

Requirement notices

- The provider had no systems in place to assure themselves that those employed via an agency had had all the necessary recruitment checks completed.
- Satisfactory information about any physical or mental health conditions which are relevant to the person's ability to carry on, manage or work for the purposes of, the regulated activity. The provider had not checked staff full vaccination status in line with current guidance where relevant to their role.

This was in breach of Regulation 19(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Requirements in relation to staffing

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Staff had not completed all the required training for two years.
- There was a lack of evidence of completion of level 3 training for clinicians and level 4 for the safeguarding lead as required in the intercollegiate guidance, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, January 2019.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.